## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99) 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER 02C 4. DIST. DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 3. MAG. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE ☐ Petty Offense ☐ Adult Defendant □ Felony ☐ Appellant (See Instructions) ☐ Misdemeanor □ Other ☐ Juvenile Defendant ☐ Appellee Other ☐ Appeal 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. REQUEST AND AUTHORIZATION FOR TRANSCRIPT 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 14. SPECIAL AUTHORIZATIONS JUDGE'S INITIALS % of transcript with (Give case name and A. Apportioned B. Expedited □ Daily ☐ Hourly Transcript ☐ Realtime Unedited Transcript C. □ Prosecution Opening Statement □ Prosecution Argument □ Prosecution Rebuttal ☐ Defense Argument ☐ Voir Dire ☐ Defense Opening Statement ☐ Jury Instructions D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. 15. ATTORNEY'S STATEMENT 16. COURT ORDER As the attorney for the person represented who is managed above, I hereby affirm that the Financial eligibility of the person represented having been established to the Court's transcript requested is necessary for adequate representation. I, therefore, request satisfaction the authorization requested in Item 15 is hereby granted. authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. Signature of Presiding Judicial Officer or By Order of the Court Signature of Attorney Date of Order Nunc Pro Tunc Date Printed Name Telephone Number: ☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization **CLAIM FOR SERVICES** 17. COURT REPORTER/TRANSCRIBER STATUS 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS ☐ Official ☐ Contract ☐ Other ☐ Transcriber 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Telephone Number: LESS AMOUNT INCLUDE TRANSCRIPT NO. OF PAGES RATE PER PAGE SUB-TOTAL TOTAL 20. PAGE NUMBERS APPORTIONED Original Copy Expense (Itemize) TOTAL AMOUNT CLAIMED: 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Date ATTORNEY CERTIFICATION 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

APPROVED FOR PAYMENT — COURT USE ONLY

Date

Date

24. AMOUNT APPROVED

Signature of Attorney or Clerk

Signature of Judicial Officer or Clerk of Court

23 APPROVED FOR PAYMENT